

CITY OF MENOMONIE
Application for CAB DRIVER License

Date of Application _____

TO THE COUNCIL OF THE CITY OF MENOMONIE:

I hereby apply for a license to drive taxi cab for a period ending June 30, 201____.

I certify to the following:

Name of Applicant _____
(First) (Middle) (Last)

Address of Applicant _____

Date of birth _____ Age _____ Applicant home phone number _____

Email address _____

Driver's License Number _____ State _____

Driver's License Expiration Date _____

Person or Company for whom driving _____

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a cab driver license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

Signature of Applicant

Fee \$40.00 (Code # **27** - \$30.00 license fee; Code # **48** - \$10.00 Investigation fee)

Receipt No. _____ Original to Police Dept. _____

For Office Use:

Date Investigation Complete: _____ -- -- _____ (circle one)
Initials of Records Technician (or person who conducted investigation) _____ Approve Deny

O.k. for Clerk to issue license:

Signature of Police Chief (or designated staff officer) _____